

ADDITIONAL SUBSCRIPTION FORM**Via Secure Document Upload (preferred method), mail, facsimile, or email:**

Honeycomb Partners LP
c/o Morgan Stanley Fund Services USA LLC
2000 Westchester Avenue
Purchase, NY 10577
Telephone: [REDACTED] / Facsimile: [REDACTED]
Email: [REDACTED]
Attn.: Investor Services

Investor reference number (as indicated on investor statements): _____

Dear Sir/Madam:

The undersigned wishes to make an additional capital contribution to Honeycomb Partners LP (the "Partnership"). The amount to be contributed ("Additional Capital Contribution") is:

\$ _____ for Class ___ Interests. The minimum amount of an Additional Capital Contribution is \$500,000.

The undersigned acknowledges and agrees: (i) that the undersigned is making the Additional Capital Contribution on the terms and conditions contained in the original subscription agreement, dated _____, 20 __, previously executed by the undersigned and accepted by the General Partner, as the same may be updated or modified from time to time (the "Subscription Agreement; (ii) that the representations, warranties and covenants of the undersigned contained in the Subscription Agreement are true and correct in all material respects as of the date set forth below; (iii) that the information provided on the Investor Profile Form in the Subscription Agreement is correct as of the date set forth below; and (iv) that the background information provided to Honeycomb Advisors, LLC (the "General Partner") is true and correct in all material respects as of the date set forth below.

WIRING INSTRUCTIONS

You must wire the payment from an account in your name. If you are not wiring your payment from a bank located in an Approved FATF Country* you must contact Morgan Stanley Fund Services USA LLC (the "Administrator") for further instructions prior to wiring your payment, which may result in a delay in your subscription.

Bank:	The Northern Trust International Banking Corporation
Address:	Harborside Financial Center Plaza 10, Suite 1401 3 Second Street Jersey City, NJ 07311-3988
SWIFT Code:	CNORUS33
ABA #:	026001122
Account Name:	Honeycomb Partners LP
Account Number:	[REDACTED]
Reference:	[Name of Subscriber]

IMPORTANT

1. Please have the wiring bank identify the name of the Investor on the wire transfer.
2. We recommend that the wiring bank charge its wiring fees separately so that the amount for which you are subscribing may be invested in full.
3. A completed copy of the Additional Subscription Form must be received by the Administrator at least three (3) business days prior to the date of subscription. Payment in United States currency, by bank-to-bank transfer of the amount of the subscription must be received by the Administrator at least two (2) business days prior to the date of subscription. Therefore, it is highly recommended that the Additional Subscription Form and related documentation be submitted at least 10 business days prior to the date of subscription to ensure adequate processing and review time by the Administrator. The General Partner may waive these requirements by accepting an additional subscription and the funds with respect thereto, after such date.
4. The Administrator will use its reasonable efforts to acknowledge in writing all subscription requests which are received in good order. If the Investor fails to receive such written acknowledgement from the Administrator within five (5) business days, it should contact the Administrator to obtain the same. Failure to obtain such a written acknowledgement from the Administrator may delay or render the request void, unless otherwise permitted by the General Partner.

If the account being used to make this additional subscription is different than the one being used by the Investor to make the initial investment into the Partnership, please provide the full details of the financial institution remitting payment on behalf of the Investor in BLOCK CAPITALS.

* As of the date hereof, approved countries that are members of the Financial Action Task Force on Money Laundering (each, an "Approved FATF Country") are: Argentina, Australia, Austria, Belgium, Brazil, Canada, Denmark, Finland, France, Germany, Greece, Hong Kong, Iceland, Ireland, Italy, Japan, Luxembourg, Mexico, Kingdom of the Netherlands, New Zealand, Norway, Portugal, Singapore, South Africa, Spain, Sweden, Switzerland, Turkey, United Kingdom and the United States.

Account Details	
Bank Account Name	<input type="text"/>
Bank Account Number	<input type="text"/>
IBAN Number	<input type="text"/>
Bank Details	
Bank Name	<input type="text"/>
Bank Address	<input type="text"/>
Bank Country	<input type="text"/>
ABA Number	<input type="text"/>
SWIFT Code	<input type="text"/>
Intermediary Bank Details	
<i>Intermediary Bank 1 (if any)</i>	
Intermediary Bank Name	<input type="text"/>
Intermediary Bank SWIFT Code	<input type="text"/>
FFC Account Name	<input type="text"/>
FFC Account Number	<input type="text"/>
<i>Intermediary Bank 2 (if any)</i>	
Intermediary Bank Name	<input type="text"/>
FFC Account Name	<input type="text"/>
FFC Account Number	<input type="text"/>
Additional Reference	<input type="text"/>

Please note that a full Bank Address and Bank Country must be supplied.

CLEARED FUNDS MUST BE IN THE PARTNERSHIP'S ACCOUNT TWO BUSINESS DAYS PRIOR TO THE DATE ON WHICH THE INVESTOR IS ADMITTED TO THE PARTNERSHIP.

THE UNDERSIGNED AGREES TO NOTIFY THE GENERAL PARTNER PROMPTLY IN WRITING SHOULD THERE BE ANY CHANGE IN ANY OF THE FOREGOING INFORMATION.

Dated: _____, 20__

INDIVIDUALS

SIGN

PRINT & SIGN

Signature

Print Name

SIGN

PRINT & SIGN

Additional Investor Signature

Print Name

ENTITIES

Print Name of Entity

SIGN

PRINT & SIGN

By:

Authorized Signatory

Print Name and Title

If the Investor is acting as an Agent (i.e., is acting as trustee, agent, representative, custodian, nominee or in a similar capacity) for a Beneficial Owner, the following is to be completed by the Beneficial Owner:

INDIVIDUALS

SIGN

PRINT & SIGN

Signature

Print Name and Title

SIGN

PRINT & SIGN

Additional Investor Signature

Print Name and Title

Address (Street Address)

Address (City, Country, Postal Code)

ENTITIES

Print Name of Entity

SIGN

PRINT & SIGN

By:

Authorized Signatory

Print Name and Title

Principal Place of Business Address (Street Address)

Principal Place of Business Address (City, Country, Postal Code)

The Partnership's acceptance of the Investor's additional subscription will be acknowledged by way of confirmation sent by the Administrator.